

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 023 ****61.25

DOCUMENT # C10414



1. Entity Name
**HALIFAX COUNCIL NO. 1, ROYAL AND SELECT
MASTERS**

Principal Place of Business
**119 RAY MAR DR
ORMOND BCH, FL 32176-4736 US**

Mailing Address
**119 RAY MAR DR
ORMOND BCH, FL 32176-4736 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7583203

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENTHAL, HARRY A
329 BRADDOCK AVE.
DAYTONA BEACH, FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MOORE, EDWIN B III**
CITY-ST-ZIP **8 BARBARA CT
ORMOND BEACH, FL 32174**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GERALDS, ELMER**
CITY-ST-ZIP **1 SETTING SUN TRL
ORMOND BCH, FL 32174**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ROGERSON, FRANCIS C JR**
CITY-ST-ZIP **129 OLD CARRIAGE RD
PORT ORANGE, FL 321276909**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ROSENTHAL, HARRY A.**
CITY-ST-ZIP **329 BRADDOCK AVE.
DAYTONA BEACH, FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SR**
STREET ADDRESS **BOGGESE, ROBERT W**
CITY-ST-ZIP **119 RAY MAR DR
ORMOND BCH, FL 321764736**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TM**
STREET ADDRESS **ANDERSON, GORDON**
CITY-ST-ZIP **PO BOX 957
ORMOND BEACH, FL 32175**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **TM
PRICE, EDWIN P.
35 SEA HARBOR DR EAST
ORMOND BEACH, FL 32176**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Bogge* **Robert W. Bogge**

4-14-2006

386-444-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #